

Outpatient Behavioral Health Provider Expansion Seminar Registration Form
(No Fee)

Provider Name _____ Provider Number _____
Address _____
City, Zip Code _____ County _____
Contact Person _____ E-mail _____
Telephone Number _____ Fax Number _____
1 or **2** (circle one) person(s) will attend the seminar at _____ on _____

Return to: Provider Services
EDS P.O. Box 300009
Raleigh, N.C. 27622

EDS, 1-800-688-6696 or 919-851-8888